

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morosini
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:36

DOCUMENT # **P27857** (2)

1. Corporation Name
THE DAWA BANK, LIMITED CORPORATION

Principal Place of Business Mailing Address
ATTN: IORI SUZUKI, CORPORATE LEGAL COUNSEL ATTN: IORI SUZUKI, CORPORATE LEGAL COUNSEL
450 LEXINGTON AVENUE, STE. 1700 450 LEXINGTON AVENUE, STE. 1700
NEW YORK NY 10017 NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/25/1990** 3a. Date of Last Report **02/08/1994**
4. FEI Number **13-5652677** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PATY, WILLIAM N.
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BOULEVARD, SUITE 3300
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEKAWA, SUMIO	1.2 NAME	
STREET ADDRESS	2-6 MISAKU-CHO	1.3 STREET ADDRESS	
CITY- ST- ZIP	NISHINOMIYA-SHI, JAPAN	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJITA, AKIRA	2.2 NAME	
STREET ADDRESS	CHUO-KU, KAWARAYAMACHI 3-2-16-701	2.3 STREET ADDRESS	
CITY- ST- ZIP	OSAKA-SHI, JAPAN	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNO, SEIICHI	3.2 NAME	
STREET ADDRESS	SHINAGAWA-KU, OYAMA 7-4-16	3.3 STREET ADDRESS	
CITY- ST- ZIP	TOKYO, JAPAN	3.4 CITY- ST- ZIP	
TITLE	MD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASUI, KENJI	4.2 NAME	
STREET ADDRESS	BUNKYO-KU, NISHIKATA 1-10-9	4.3 STREET ADDRESS	
CITY- ST- ZIP	TOKYO, JAPAN	4.4 CITY- ST- ZIP	
TITLE	GM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZUKA, YUJI	5.2 NAME	
STREET ADDRESS	450 LEXINGTON AVE SUITE 1700	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	5.4 CITY- ST- ZIP	
TITLE	VC	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHTA, TAKESHI	6.2 NAME	DELETE
STREET ADDRESS	MIURA-GUN, HAYAMA-CHO 1642-101	6.3 STREET ADDRESS	
CITY- ST- ZIP	KANAGAWA-KEN, JAPAN	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-10-95 (212) 848-2316
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR